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Trends and Patterns in Health Insurance Coverage, 1991-2000

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In the last half of the 1990's, good economic conditions and relatively low rates of inflation fostered stability in health insurance coverage for most working-age Americans and their dependents, who depend primarily on employment-based insurance for their health care coverage. Nationally, the United States Census Bureau reported that the proportion of the population without coverage during the entire year declined in 1999 for the first time since they began collecting data on health insurance in 1987.¹ The Bureau attributed the decline primarily to an increase in employment-based insurance.

Recent governmental efforts have focused primarily on providing coverage to children under age 18 and their families through establishment of the State Children's Health Insurance Program (SCHIP) and expansion of Medicaid enrollment. The Census Bureau reported that a smaller proportion of children were uninsured for the entire year in 1999 than for any year since 1995.¹

Despite these gains, the rate of non-coverage varies greatly among populations defined by age, gender, income, place of residence, race and ethnicity, and other characteristics. The Census Bureau reported that the proportion uninsured among persons in poverty in 1999 was more than double the overall rate and had not declined from 1998.¹ In addition, a survey of selected metropolitan areas during 1998-1999 found that uninsurance rates among children varied from 3 percent in Boston to 17 percent in Miami.²

This study describes health insurance coverage among Rhode Island working-age adults and children, including analysis by selected demographic and economic characteristics.

Methods. The Behavioral Risk Factor Surveillance System (BRFSS) is a national system to survey randomly selected adults (ages 18 and older) living in households with telephones. Currently, all fifty states plus four territories perform the BRFSS each year with funding and methodological standards provided by the Centers for Disease Control and Prevention.³ In Rhode Island, the BRFSS has been conducted continuously since 1984, and by a professional survey contractor since 1990. During the years 1991 through 1997, about 1,800 Rhode Island

adults were interviewed each year, or approximately 150 per month. For 1998 through 2000 the annual sample size was increased to approximately 3,600, with 300 interviews per month.

The BRFSS asks respondents questions about a variety of health-related matters. Questions on health insurance coverage have been included since 1991. Beginning with the 1998 Rhode Island BRFSS, adult respondents in households with children were also asked questions on health insurance coverage for a randomly selected child in the household. Both the adult and child health insurance questions have been asked comparably over the time periods analyzed in this report.

Results. During the period from 1991 through the first half of 2000, the proportion of working-age (ages 18 - 64 years)

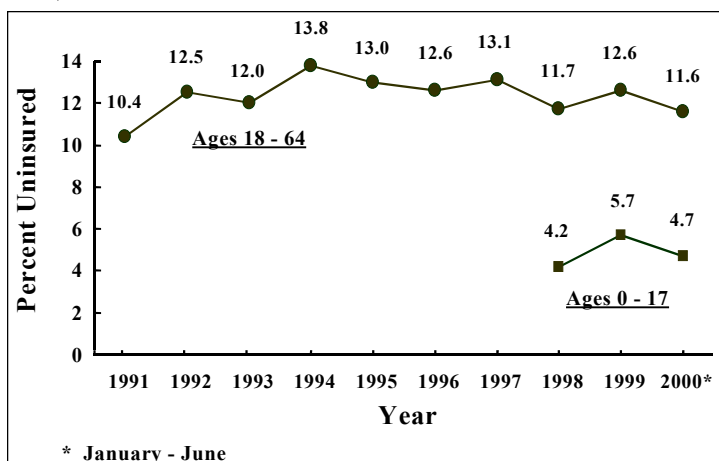


Figure 1. Persons without Health Insurance, by Year, Ages 18-64 and Ages 0-17, Rhode Island, 1991-2000.

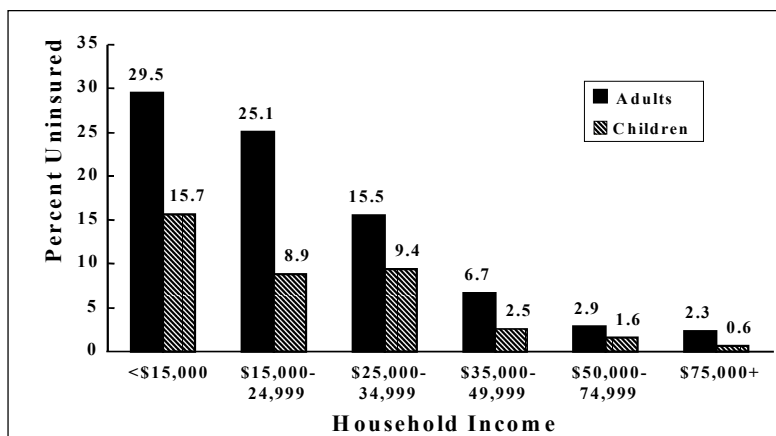


Figure 2. Persons without Health Insurance, by Household Income and Age Group, Rhode Island, 1998-1999.

Health by Numbers

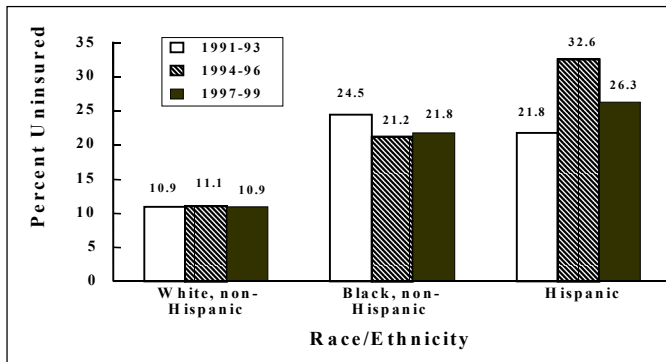


Figure 3. Persons without Health Insurance, by Race and Ethnicity, ages 18-64. Rhode Island, 1991-1999.

Rhode Islanders who reported being without health insurance at the time they were surveyed varied between 10.4% and 13.8%. (Figure 1) From 1991 through 1994, the proportion generally increased, but from 1995 forward the trend has been downward. The preliminary rate for the first half of 2000 (11.6%) was the lowest rate of uninsured since 1991 (10.4%).

Among children (ages 0 -17) the proportions without coverage were consistently less than half the figures for working-age adults. (Figure 1) Over the three years for which data are available, the rate varied between 4% and 6%, with no consistent trend from year to year.

In Rhode Island as nationally, the proportion of persons lacking coverage was higher among low-income persons than among those who are better off. This was true both for working age adults and for children. (Figure 2), The proportion of children in the lowest income group who were uninsured was three times the rate for all children, and the proportion of low-income working-age adults who were uninsured was over twice the rate for all adults.

Disparities in health coverage by race and ethnicity in Rhode Island are long-standing. During all three time periods examined, covering the years from 1991 through 1999, the proportion uninsured among non-Hispanic Whites was the lowest for the state's major groups defined by race and ethnicity. (Figure 3) The proportion uninsured for non-Hispanic Blacks was approximately double the rate for non-Hispanic Whites, and the

rate for Hispanic Rhode Islanders varied between two and three times the non-Hispanic White rate.

Discussion. Rhode Island's population has traditionally enjoyed rates of health insurance coverage that are close to the highest among all states. Data for 1999 from the Census Bureau place Rhode Island first among states in proportion with health insurance, up from fifth in 1998 and sixth in 1997.¹ In particular, far fewer children in Rhode Island are uninsured than is the case nationally.

This overall performance has not reduced the disparities in health care insurance that exist in the state. Persons with low incomes and members of disadvantaged minority groups, among others, continue to experience high rates of non-coverage. They represent the most difficult challenges in reaching universal coverage in our state.

The sustainability of current levels of coverage is at risk from events in the local health insurance market, renewed increases in health care costs (especially health plan premiums charged to employers), and a softening national economy. In late 1999, two health plans left the Rhode Island market, with Tufts Affiliated Health Plans withdrawing from the state and Harvard Pilgrim Healthcare of New England ceasing operations altogether. These events, plus reported increases in health plan premiums, raised expectations that more residents would be uninsured in 2000. Preliminary data for the first six months of that year do not show such an increase. However, the test of an economic downturn is yet to come.

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References

¹Mills RJ. Health Insurance Coverage. *Current Population Reports* P60-211. Washington DC: U.S. Census Bureau. September 2000.

²Park MH, Cunningham PJ. Some Communities Make Progress in Reducing Children's Uninsurance. *Data Bulletin* No. 19. Washington DC: Center for Studying Health System Change. October 2000.

³U.S. Department of Health and Human Services, Public Health Service. *Health Risks in America: Gaining Insight from the Behavioral Risk Factor Surveillance System*. Atlanta, GA: Centers for Disease Control and Prevention. Undated.

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